

REQUEST, AUTHORIZATION, AGREEMENT, CERTIFICATION OF TRAINING AND REIMBURSEMENT (Abbreviated)													
A. Agency code and subelement, and submitting office number (xx-xx-xxxx)				B. Standard document number (Org identifier/FY,Doc./type code/Serial Number)				C. Request Status or Process Code (X one)				D. Amendment No.	
								(1) Initial		(2) Resubmission			
								(3) Correction		(4) Cancellation			
Section A - TRAINEE / APPLICANT INFORMATION													
1. Name (Last, First, Middle Initial)				2. 1st 5 letters of last name		3. Social Security Number				4. Ed. level		5. Continuous Federal Svc a. Years b. Months	
6. Home Address (Street, City, State and ZIP Code) (optional)				7. Phone Numbers (Include area code)		8. Position Title							
				a. Home									
11. Organization Name				(1) Commercial		9. Position Level (X one)		10. Pay Plan / Series / Grade / Step (Rank/MOS/AFSC/or Navy Designator)					
				(2) Autovon									
12. Organization Mailing Address (Include ZIP)				13. Organization UIC		c. Supervisory		14. Type of Appointment		15. No. Prior non-government training days			
				16. Are you handicapped or disabled? (X one)									
						d. Non-Supervisory							
						e. Other (Specify)							
Section B - TRAINING COURSE DATA													
17. Course Title													
18. Training Objectives (Benefits to be derived by the Government)						19. Recommended Training Source, School or Facility							
						a. Name							
						b. Mailing address (Include ZIP)							
20. Course Codes						c. Location of training site (If other than 19b)							
a. Purpose				f. Security Clearance				k. Training Program					
b. Type				g. Allocation Status				l. Reason for Selection					
c. Source				h. Priority				23. Training Period (YYMMDD)					
d. Special Interest				i. Training Level				a. Start					
e. Training Vendor				j. Method of Training				b. Complete					
								21. Course hours (4 digits)					
								a. Duty					
								b. Non-duty					
								c. TOTAL					
								a. SAID					
								b. Catalog / Course No.					
								c. Offering / TLN					
Section C - COST INFORMATION (Costs incurred and billed are not to exceed amount in item 30.)													
24. If training does not involve expenditure of funds other than salary, pay or compensation, skip the remainder of questions in Section C and X this box ➡													
25. Direct Costs				26. Indirect Costs (For information only)				27. Accounting Classification					
a. Tuition cost				a. Travel cost									
b. Books, material, other costs				b. Per diem/other costs									
c. Total direct costs				c. Total indirect costs									
d. Funding source				28. Labor Costs				29. Signature of Fiscal Officer (Follow local procedure)					
31. Job Order No.								30. Total of Direct & Indirect Costs					
Section D - APPROVAL / CONCURRENCE / CERTIFICATION													
32. Supervisor: I certify training is job related and nominee meets prerequisites. (If not, attach waiver.)						33. Training Officer: I certify this training meets regulatory requirements.							
a. Typed Name (Last, First, Middle Initial)				b. Phone number (Include area code)		a. Typed Name (Last, First, Middle Initial)				b. Phone number (Include area code)			
c. Signature & Title				d. Date		c. Signature & Title				d. Date			
34. Authorizing Official						35. Course Acceptance (To be completed by school official)							
a. Action (X one) ➡				(1) Approved				(2) Disapproved					
b. Typed Name (Last, First, Middle Initial)				c. Phone number (Include area code)		a. Accepted		c. School Official Signature		d. Date			
						b. Not Accepted							
36. Course Completion (To be completed by school official)													
d. Signature & Title						e. Date							
37. Billing Instructions (Identify discount terms Furnish original invoice and 3 copies to:						38. Certifying Government Official							
% days.)						a. I certify that this account is correct and proper for payment in the amount of: \$							
						b. Signature				c. Date Signed			
						d. DSSN Number		e. Check Number		f. Voucher Number			
TRAINING FACILITY: Invoice should be sent to office indicated in item 37. Please refer to standard document number given in item B at top of page to assure prompt payment.													

Section E - TERMINATION AND EVALUATION DATA *(To be completed by trainee)*

39. Was course completed? (X one)		40. Actual course dates (YYMMDD)		41. Actual course hours		42. Academic grade / score
<input type="checkbox"/> a. Yes	<i>(If not, return this form with a memo explaining circumstances)</i>	<input type="checkbox"/> a. Commenced	<input type="checkbox"/> b. Completed	<input type="checkbox"/> a. Duty	<input type="checkbox"/> b. Non-duty	
<input type="checkbox"/> b. No						

43. Were all sessions attended? (X one)

<input type="checkbox"/> a. Yes
<input type="checkbox"/> b. No <i>(Explain reason)</i>

44. What were your objectives in taking this course? Were they met?

AREAS OF EVALUATION				RATING		
<i>X appropriate column to indicate your evaluation of items 45 through 56. Do not attempt to split a rating.</i>				A	B	C
45. Stated objective accomplished	A = Yes	B = Partially	C = No			
46. Coverage of subject matter	A = Excellent	B = Sufficient	C = Poor			
47. Organization of subject matter	A = Well organized	B = Adequate	C = Poorly organized			
48. Suitability of instructional materials	A = Excellent	B = Adequate	C = Poor			
49. Level of difficulty	A = Too advanced	B = Appropriate	C = Too elementary			
50. Length of course	A = Too long	B = Appropriate	C = Too short			
51. Amount of outside or evening work	A = Too much	B = Appropriate	C = Insufficient			
52. Effectiveness of instructors	A = Excellent	B = Good	C = Poor			
53. Applicability of subject matter to the job	A = Significant	B = Adequate	C = Insignificant			
54. Facilities	A = Excellent	B = Good	C = Poor			
55. Recommendation to colleagues	A = Highly Recommend	B = Recommend	C = Not recommended			
56. Meet career development plans	A = Yes	B = No	C = Not applicable			

57. Comments on course strengths / weaknesses**Section F - SUPERVISORY COMMENTS** *(To be completed by trainee's immediate supervisor)*

58. Have you discussed this course and its application to the job with this employee? (X one)	<input type="checkbox"/> a. Yes	<input type="checkbox"/> b. No
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59. What are your objectives in having employee attend course? (Complete at time of nomination)**60. Were the objectives of the training achieved?****61. Additional comments**

62. Supervisor		63. Trainee	
a. Signature	b. Date	a. Signature	b. Date

PRIVACY ACT STATEMENT**AUTHORITY:** The Government Employees Training Act of 1958 (USC, Title 5, 4101 to 4118) EO 9397, November 1943 (SSN).**PURPOSE AND USE:** Used in the administration of the Federal Training Program. The purpose of this form is to document the nomination of trainees and completion of training; it also serves as the principal repository of personal, fiscal and administrative information about trainees and the programs in which they participate. The form becomes a part of the permanent employment record of participants in training programs and is included in the Government's Central Personnel Data File.**DISCLOSURE:** Personal information provided on this form is given on a voluntary basis. Failure to provide this information, however, may result in ineligibility for participation in training programs.